

# LOAN APPLICATION

## Personal Information:

(Employer) \_\_\_\_\_ (Contract Number) \_\_\_\_\_  
(Participant's Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (M. I.) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_

Marital Status (check one):  Single  Married\*  Divorced  Widowed \*(Married Participants must complete Spousal Consent@below)

## Loan Information:

Amount Requested: \$ \_\_\_\_\_ Term of Loan \_\_\_\_\_ (Months) Purpose of Loan:  General  Primary Residence

## Spousal Consent to Distribution:

(Spouse may take this form to a Notary Public OR sign the form with the Plan Administrator as a witness.)

I certify that I am the spouse of the above named participant and that I consent to the distribution/withdrawal as indicated above. I also understand that by consenting to this distribution/withdrawal I waive all rights to benefits I would be entitled to upon the participant's death, with respect to the distribution/withdrawal as described above and that this election is irrevocable.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ PLAN ADMINISTRATOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
**OR:**  
NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_, County of \_\_\_\_\_. The spouse whose signature appears above is either known to me or proved to me on the basis of satisfactory evidence to be said person, and acknowledged to me that he/she executed the same in his/her authorized capacity, and signed this document as a free and voluntary act.

Witness my hand and official seal: \_\_\_\_\_ (seal)

My Commission Expires: \_\_\_\_\_

Address \_\_\_\_\_

## Participant Certification & Signature:

- < I acknowledge receipt of Plan Loan Policies.
- < I understand that I may not borrow against amounts set aside for other payees under a QDRO, and certify that there are no Plan benefits payable to a former spouse under such order.
- < I acknowledge that principal and interest payments shall be withheld from my compensation each pay period until my loan is repaid. I understand that a loan processing fee will be deducted from my account.
- < I understand that the monies for the loan will be taken by money type in an order to maximize benefit availability. Within each money type the monies will be taken equally across all variable funds, then from Guaranteed Certificate funds (beginning with those closest to maturity).
- < I acknowledge that if approved, the loan monies I receive will be sent to my Employer, and that prior to release of the monies I must sign and return any legal documents (e.g. Promissory Note), obtained from the Plan Sponsor.
- < I certify that the information provided by me is correct to the best of my knowledge.
- < I understand that in the event that any section of this form is incomplete, my withdrawal will be delayed until all information is received by R. Bruce Tanner & Associates, Inc.
- < I understand that once the loan request is processed, this transaction is irrevocable.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Indicate the type money to be withdrawn and the amount. List the names that appear on your statements.

Amount or %	Investment Fund
\$ _____	_____
\$ _____	_____
\$ _____	_____

Attach additional information separately.

## Plan Sponsor/Trustee Certification & Signature:

Loan Origination Fee \$ \_\_\_\_\_ (to be paid from Participant's account)

Participant's Hours Worked to Date/Current Plan Year \_\_\_\_\_ Years during which Participant Worked less than 1,000 Hours \_\_\_\_\_ (# of Hours \_\_\_\_\_) Participant's Hire Date \_\_\_\_\_

Repayment Frequency (monthly, weekly, etc.) \_\_\_\_\_ First Payroll Deduction to occur on \_\_\_\_\_ Method of Delivery to Employer:  Regular Mail  Overnight Carrier \_\_\_\_\_ Account # \_\_\_\_\_

I hereby certify that this application is in compliance with Plan provisions and current laws including those governing spousal consent, and certify that this loan will be administered in a manner consistent and uniform with other participant loans in the Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_